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|--|---|---|--|------------------------------------|------|----------------------------|---|--|
| . AMENDMENT TRANSMITTAL LETTER (Lan Applicant(s): Knop et al | | | | ntity) | | Docket No. POU920000017US1 | | |
| Application No. 09/580,945 | Filing Date 05/30/2000 | Examiner Afsar M. Quresh | i | Customer No. 46369 | | Group Art Ur 2667 | Confirmation No. | |
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| RADEMAS | N. G. S. J. | COMMISSIONER FOR PATENTS: | | | | NOV 0 4 2004 | | |
| Transmitted here | with is an amendment i | n the above-identified a | • | on. | | echnology (| Center 2600 | |
| | | CLAIMS AS AM | ENDED |) | | | | |
| • | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | | ER EXTRA | | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 30 - | 36 = | | 0 | х | \$18.00 | \$0.00 | |
| NDEP. CLAIMS | 6 - | 3 = | | 3 | x | \$88.00 | \$264.00 | |
| Multiple Dependent Claims (check if applicable) | | | | | | | \$0.00 | |
| TOTAL ADDITIONAL F | | | | FEE FOR THIS AMENDMENT \$264.00 | | | | |
| ☐ The Direct communic ☐ Any ☐ Payment WARNING | cation or credit any ove additional filing fees red patent application proce by credit card. Form P ⁻ 5: Information on this | to cover the filing d to charge payment of erpayment to Deposit Acquired under 37 C.F.R. essing fees under 37 CfTO-2038. form may become pu credit card informatio | the follo count 1.16. FR 1.17 blic. Cr | owing fees a 09-0463 (II | BM) | mation shou | ld not be | |
| Kevin P. Radigan Registration No.: | Signature , Esq. | | I herei | | this | correspondence | e is being deposited with | |
| HESLIN ROTHE 5 Columbia Circl Albany, NY 1220 Telephone: (518) Facsimile: (518) 4 8/2004 FMETEKI1 000 | 33. 452-5600 52-5579 | IESITI P.C. | class n P.O. B | nail in an envel ox 1450, Alexa | оре | addressed to "C | ufficient postage as first ommissioner for Patents, 0" [37 CFR 1.8(a)] on | |
| C:1201 264.00 DA | | | Signature of Person Mailing Correspondence | | | | | |
| cc: | • | | | К | evii | ı P. Radigan, | Esq. | |
| | | | 7 | Tuned or Drinted | Nam | no of Porcan Mail | ling Correspondence | |